



**The Vascular Protection Clinic**  
**Referral Form**  
**Phone: (613) 267-1500 ext. 4263**  
**Fax: (613) 267-3449**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Alternate or work#: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_  
 HIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Z# \_\_\_\_\_

**\*\*Please ensure that all diagnostic testing is initiated at the time of referral.\*\***

Referring Physician \_\_\_\_\_ / \_\_\_\_\_  
 (signature) (print please)

Physician Referring No: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Onset of event:** (date) \_\_\_\_\_ **Duration of event:** \_\_\_\_\_

**SIGNS AND SYMPTOMS OF TIA/CVA:** (please specify)

- Sensory       Motor       Amaurosis Fugax
- Right       Left       Face  Arm       Leg
- Vertigo       Other: \_\_\_\_\_

**Event Description:** (Please attached additional notes if needed and/or ER/Triage record)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VASCULAR RISK FACTORS:**

- Age       HTN       Hx TIA/CVA
- Weight       Cholesterol       A-Fib
- Sedentary       DM       Known carotid stenosis
- Family History
- Smoker       Never       Current      Pack Years \_\_\_\_\_

**INVESTIGATIONS** (Indicate date of test)

- EKG \_\_\_\_\_
- 48 Hour Holter \_\_\_\_\_
- CTA Scan – Head \_\_\_\_\_
- Echocardiogram \_\_\_\_\_
- Carotid Doppler (if CTA not available) \_\_\_\_\_
- Outpatient FASTING BW \_\_\_\_\_

**MEDICATIONS** (Name/dose)

- Antiplatelet: \_\_\_\_\_
- Lipid Lowering Agent: \_\_\_\_\_
- Ace Inhibitor: \_\_\_\_\_
- Other: \_\_\_\_\_
- Allergies: \_\_\_\_\_

**RECOMMENDATIONS:**

1. Refer all patients with TIA/CVA to the Vascular Protection Clinic.
2. Consider admitting crescendo TIAs; persisting deficits of new onset.
3. Start or change antiplatelet therapy if complete resolution of event (or if negative CT scan)
4. Carotid dopplers (or CT-A) within 24 hours of an anterior circulation event.
5. Consider ENT referral for vertigo without associated neurologic signs and symptoms
6. Consider patients without an event but at high risk i.e. if  $\geq 3$  risk factors, or significantly poor control of 1 or more risk factors, for referral re primary prevention.